

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/741,798-Conf. #5599
	Filing Date	December 19, 2003
	First Named Inventor	Susan P. Dark
	Art Unit	2473
	Examiner Name	J. M. Rutkowski
	Attorney Docket Number	58895/P001C1/10316486

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☒ the practitioners of record associated with Customer Number: 000029053

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

#### Request for Withdrawal as Attorney or Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 19, 2010

Signature: Carol Martin

(Carol Martin)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_


OR

B. ☒ Inventor or Assignee Name DEEP NINES, INC.

Address 14643 Dallas Parkway, Suite 150

City Dallas	State TX	Zip 75254	Country US
Telephone 214-273-6996	Email djackson@deepnines.com		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature			
Name	Thomas Kelton	Registration No.	54,214

Address Fulbright & Jaworski L.L.P.  
2200 Ross Avenue, Suite 2800

City Dallas	State TX	Zip 75201-2784	Country US
Date	March 19, 2010	Telephone No. (214) 855-7115	

NOTE: Withdrawal is effective when approved rather than when received.